## Mount Rainier National Park Solo Climb Request

Please fill out the form	<u>ı fields. When finished,</u>	save to your computer	computer and submit via the instructions below.				
Name:		Age:			Dates Proposed:		
Address:		Email:	Email:  Emergency Contact / Relationship:		Phone:		
City State, Zip:		Emerger			Emergency Contact Phone Number:		
			_				
	n approved for solo clim		L_				
Please list previous ex	perience on glaciated pe	aks. Climbs involving	glacier travel, altitude.				
Peak	Range	Route	Rating	Year	Lead, Follow, Swap Lead Solo		
v S	travel and/or crevasse ro	•					
Describe your <u>solo</u> clir	nhing avnariances:						
bescribe your solo em	noing experiences.						
Proposed route/routes	and date/dates you're p	olanning on solo climbi	ing at Mount Rainier Nation	al Park:			
Describe the inherent	objective hazards of clin	nbing your intended r	oute solo:				
Describe your technics	al method of crossing cr	evasses safelv:					
,		· •/ ·					

Describe	your meen	iou or sen-rescue i	iom a crevasse.							
D		:e::	dd/d	-1t1-t						
Describe	your plan	ii injurea, aisabie	d, and/or overdue while solo	cumbing:						
Equipme	ent you will	take on your solo	attempt:							
Tent		Stove	Rope	Pickets/Anchors	PLB	Sat Phone				
Clear	oing Bag	Ice Axe	Crampons	Lee Screws	GPS	Skis				
		_	_	<u> </u>	_	_				
Sleep	oing Pad	L Ice Tools	Prussiks/Ascenders	Pulleys	Topo Map	Cell Phone				
			olo climbing in glaciated terrain e for my own safety. I certify							
accept the	at 115K. 1, an	one, am responsible	for my own safety. Teertify	that the above statements an	true and correct to	the best of my knowledge.				
Name (pr	rint):		Sign:		Date:					
NOTI	CE.	1 1 1 1			.•					
NOTIO	CL: Appr	oved solo climbei	rs <u>must still register</u> with ra	ingers in person prior to d	eparting.					
You hav	e several o	options in submitt	ing this solo climb request	form to the park.						
1.	Fax (the r	nost secure mean	s): 360-569-3131							
2.	USPS Ma	iil·								
2.	Mount Rainier National Park									
	Solo Climb Request									
	Attn: Climbing Rangers									
	55210 238 <sup>th</sup> Ave SE Ashford, WA 98304									
	Asiliolu,	WA 96304								
3.	3. Email Attachment (least secure means): mtrainierclimbingrangers@gmail.com									
Disease allow at least an excel for more against the										
Please allow at least one week for processing time once we receive your request.										
Office us										
Date Received:		Climbing Ranger:		Approved / Denie	d:					

Solo Climbing Database:

Date:

Notification: Phone / Email / Fax / Letter

Date:

Supervisor Acknowledgement / Signature: